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32132 7590 10/09/2008
LAMORTE & ASSOCIATES P.C.
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ERIC A. LaMorte	(Depositor's name)
E.A. LM	(Signature)
January 9, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/764,917	01/26/2004	Robert Tomassi	TOMASSI-3	2957

TITLE OF INVENTION: VENDING SYSTEM HAVING BIOMETRIC VERIFICATION PROTOCOLS FOR USER VERIFICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0	\$755	01/09/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLLINS, MICHAEL	3651	700-237000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<u>1. LaMorte & Associates, P.C.</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>2</u> <u>3</u>

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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Authorized Signature

ED LM

Date 1-9-09

Typed or printed name

ERIC A. LaMorte

Registration No. 34,653

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